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Medical Center

5th and Fort Streets
Boise, ID 83702



Veterans
Administration

VAMC HISTORICAL PERSPECTIVES



The original settlement of the Boise area took place in 1834 and was located near the junction of the Boise River and the Snake River. The Hudson Bay Company built this first "Fort Boise" for the purpose of developing the fur trade. Repeated problems with the Indians in that area forced the Company to change location of the settlement and eventually to discontinue the settlement altogether. In 1855 Fort Boise was abandoned.

For the next several years (1855-1860) plans were made to establish a military fort in the area where today's City of Boise is located. This construction was planned to begin in 1860, but was delayed for two years due to the Civil War. Folk tales claim that this military fort was built primarily to safeguard the wealth that was being taken out of the mines in the surrounding area. Actually, Fort Boise was established and indeed located for the purpose of providing protection for the settlers moving west on the Oregon Trail and secondly, providing protection for the miners in the Boise Basin and the Owyhees, not from Confederates, but from the Indians. Quite logically, Fort Boise was built on the junction of the Oregon Trail and the roads leading to the Boise Basin and Silver City.

On July 4, 1862, Major Pinckney Lugenbeel formally located the site for the new fort. At his detachment, the 1st Oregon Cavalry and the 9th Washington Infantry were building the original log structures of Fort Boise, the town of Boise sprang up nearby. Aside from

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a settler's 1863 log cabin preserved as a relic, the oldest buildings in Boise are those constructed for the Fort. A sandstone quartermaster's building, erected in September 1864, presently houses the Mental Health Clinic of the VA Hospital.

During the period from 1865-1868, Fort Boise served as the center for efforts to solve the "Indian problem". The hostilities and unrest caused by the Northern Paiute and the Shoshone caused considerable concern both to civilian and military communities. Leaders of both communities attempted to peacefully and forcibly bring peace to southwestern Idaho, but to no avail. Only with the arrival of General George Crook in December of 1866 and his immediate winter campaign against the Paiute tribe in Eastern Oregon did the struggle turn in favor of the settlers. So successful were General Crook's innovative tactics that one year later (January 1867) the Snake War was ended and the military district of Boise was discontinued. In fact, life was so peaceful in the Boise Valley that serious thought was given to the closing of the Fort. Unrest and lawlessness in the mining communities, primarily in Silver City, together with settlers' demands for law and order, insured a continued military presence at Fort Boise.

From 1860 to 1912, Fort Boise became the center for social activity for Boise. The officers lived in the Quarters, their "row" along the brow of the hill. Tennis, tea parties, riding parties, dinner parties and dancing in the Army Hall highlighted the social calendar of the City of Boise. During this period, Fort Boise was called upon again to serve as a base of operations in Idaho's final Indian wars; the Bannock War of 1878, and the Sheepeaters' Campaign

of 1879. On April 5, 1879, Fort Boise was redesignated Boise Barracks, where Army Units were stationed until 1912.

Boise Barracks was abandoned in 1912 when the War Department decided to reduce the number of small military posts. Except for some limited use by the National Guard, most of the buildings stood empty for seven years. In 1919, largely through the efforts of Governor D. W. Davis and Mrs. Catherine Athey, the War Department loaned the Boise Barracks to the U. S. Public Health Service. On November 20, 1919, Fort Boise Became a military dispensary.

From 1920-1921, World War I veterans were cared for under the Public Health Service, Army and Navy Hospitals, Soldiers' Homes Hospitals and the Hospitals of the Department of the Interior. Brig. General Sawyer recognized the need for some centralized organization to care for all veterans. General Sawyer was instrumental in securing passage of the act creating the Veterans Bureau on August 9, 1921. On April 1, 1922, Congress passed the Hospital Bill which provided hospital facilities for veterans other than those of the World War. For the first time medical treatment was available to veterans for diseases other than those of service connection. It was under the terms of this bill that the Public Health Service Hospital in Boise was turned over to the Veterans Bureau on an indefinite lease by the War Department and Veterans Bureau Hospital 52 was established.

In June 1924, Congress liberalized the law pertaining to the veteran population by extending hospital benefits to any veteran who had not been dishonorably discharged, regardless of the origin of his or her disability. By 1925 the daily average patient load had risen

above 100. At this time considerable repair and renovation equipped the hospital to care for 235 patients, with an employee population of 110 and an annual budget of \$220,000. On May 1, 1929, the Veterans Bureau offices moved from downtown to the Post. There were now seven divisions in the Boise Bureau; medical, legal, accounting, supply, adjudication, disbursing and utilities.

Following this investment of time and funding, there was concern by many in Idaho that the War Department would request the return of the hospital. Following an active campaign, General Frank Hines, Director of U. S. Veterans Bureau, announced that the Veterans Bureau Hospital in Boise would not be returned to the War Department. On February 7, 1938, President Roosevelt signed an executive order transferring all grounds and buildings from the War Department to the Veterans Administration which had previously been formed in 1930. A portion of Boise Barracks which had not been made part of the Veterans Hospital was again used by the Army during World War II.

On Memorial Day 1930, there were 181 patients in the hospital, the largest number to date. In preparation for further growth, Building 67 was erected in 1932 at a cost of \$250,000. Throughout these years, TB patients, psychiatric, and general medical patients were cared for. A portion of the hospital was used as a domiciliary, that is as a home for soldiers without families.

In 1946, there were two major changes. On April 1st the Regional Offices and the Hospital were separated into two separate activities. In the fall of the same year, the domiciliary patients were transferred to other hospitals, thereby making additional space available for the Regional Office and the Hospital.

The years since 1946 have seen many changes and improvements in the physical plant of the Hospital. The grounds have been landscaped until they have become one of the attractions of the city. A new building which houses the Kitchen, Dining Hall, Library, and the Canteen was constructed in 1950. Immediately thereafter, Building 27, the old war Hospital which had been built in 1903, was remodeled. On July 8, 1951, the remodeling was completed and the building was dedicated. In 1976, the hospital buildings were given seismic reinforcement and in 1977 an outpatient support building was completed.

The Boise VA Hospital is an acute general medical and surgical hospital providing care for over 65,000 veterans in southwestern and South-Central Idaho and Eastern Oregon. Internists and surgeons representing most specialties are employed on the staff, or are available through the contract and consulting staff. A Rehabilitation Medicine program provides physical, corrective, occupational and recreational therapy services for patients.

In recent years, the character of the Boise VA Hospital has changed dramatically, making the transition from a chronic/acute care mission to an acute care/teaching mission. An affiliation with the University of Washington School of Medicine provides this hospital with a professional and teaching relationship unique in the State of Idaho, and the subject of interest throughout the country. Extensive new construction and renovation has assured that facilities dating back to the 19th century continue to be the setting for the provision of sophisticated 20th century health care services to patients.